

dor PTP mostra queda quanto ao cumprimento dos procedimentos pactuados. Em relação às consultas especializadas, também ficou evidente a produção excedente do HU/UFJF, em relação ao quantitativo distribuído dos procedimentos pactuados. **CONCLUSÕES:** O uso de indicadores mostrou-se útil e eficaz para avaliar o desempenho da instituição prestadora, fornecendo informações importantes para a gestão. A análise dos indicadores apresenta um cenário de desempenho ainda em desequilíbrio, mostrando elevadas produções de quantitativos distribuídos - seja na parte ambulatorial, ou nas consultas especializadas - e, ao mesmo tempo, o não cumprimento das pactuações de alguns procedimentos. Apesar disso, a instituição analisada apresentou evolução nos dados obtidos no período, demonstrando estar no caminho certo rumo a um cenário de equilíbrio.

PHP34**CAMBIO DE COPAGO DE MEDICAMENTOS EN ESPAÑA Y DESIGUALDAD**Hernandez-Izquierdo C¹, G Lopez-Valcarcel B², Abasolo I¹¹University of La Laguna, La Laguna, Spain, ²Universidad de Las Palmas de GC, Las Palmas de GC, Spain

OBJECTIVOS: Medir los efectos del cambio de co-pago de medicamentos vigente en España desde Julio 2012 sobre la equidad en el acceso. Los pensionistas, que antes no pagaban, han de pagar un 10% del precio con límite mensual de aportación en función de la renta. **METODOLOGÍAS:** Muestra aleatoria de unas 64.000 personas cubiertas por el sistema nacional de salud (SNS) en Canarias, España, estratificada por áreas de salud (7) y condición de activo o pensionista. Para cada individuo se ha recogido toda la información longitudinal de los medicamentos dispensados que habían sido prescritos por el SNS desde un año antes hasta un año después de la entrada en vigor del cambio regulatorio (unos 2.4 millones de registros de dispensaciones). La concentración en la financiación se ha medido con el índice de Gini y la curva de Lorenz, comparando los dos periodos post y pre regulación. **RESULTADOS:** La concentración del gasto privado ha disminuido ligeramente, el índice de Gini ha pasado de 0.69 a 0.66. Los resultados sobre el cambio de consumo (y financiación) asociado a niveles de renta están pendientes de posteriores análisis. Para la fecha del ISPOR estarán disponibles. **CONCLUSIONES:** La financiación privada de medicamentos ambulatorios prescritos en el sistema sanitario público en España ha reducido su concentración después de la instauración de nuevos esquemas de copago. Esto puede ser debido a la operatividad de los límites máximos de aportación mensual, modulados por renta individual.

PHP35**STUDY ON QUALITY OF NURSING CARE AND ASSESSMENT OF SAFETY**

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OBJECTIVES: The aim of the study was to assess nursing care and service safety and its effective factors as well as identify improvement approach in the future them. **METHODS:** We adhered in our study the guideline on treatment and diagnosis of common disease of Mongolia, health technology MNS46215208 treatment and diagnostic common acts, policy on develop human resource in the health sector 2010-2014, strategic directions of nursing and midwifery care and service 2011-2015, WHO guideline and standards. **RESULTS:** This study has involved 418 nurses who work in the hospitals I, II, III level of the capital city and countryside and 0.2% (5) of them were men and 99.8% (413) were women. Percent of nurses who participated in the study was 80.6%, 97% of nurses who work in the hospital I level and 58% of the nurses who work in the hospital II level as well as 47% of nurses work in the hospital III level are only giving injection ($p < 0.05$). **CONCLUSIONS:** Nurses' work and obligation often based on documents and 80% of the work is spent for giving injection. Thus nursing care can not be serviced in the very essence. Nurses' average grade of general knowledge was 56.8%. nurses had 43.4% who work in the hospital I level, nurses had 50.1% in the hospital II level and nurses had 78.9% in the hospital III level. It shows that rising hospital level, their knowledge is even rising ($p = 0.001$). Nurse's job description which is adhering in Mongolia is not expedient. Their work schedule and obligation have to be reformed. Nurse's salary, supplement, work environment and social issue should be considered and decided as well as promote sustainable work environment.

PHP36**IMPLICAÇÕES ENTRE OS GASTOS COM A PRODUÇÃO AMBULATORIAL EM MÉDIA COMPLEXIDADE E A ATENÇÃO BÁSICA**

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OBJETIVOS: Identificar associações entre variáveis que possam indicar a variação de gastos com a produção ambulatorial em média complexidade em um estado brasileiro. **MÉTODOS:** Este foi um estudo ecológico, analítico - observacional, com uma análise comparativa, onde se avaliou a associação entre os gastos aprovados com procedimentos ambulatoriais em média complexidade e a cobertura da Estratégia Saúde da Família, entre outras variáveis representativas da disponibilidade de exames em média complexidade, dos recursos humanos e financeiros. A população do estudo foram 853 municípios do estado de Minas Gerais agregados por micro regiões no ano de 2014. **RESULTADOS:** Em nossa análise encontramos os valores aprovados com procedimentos ambulatoriais em média complexidade de correlação positiva e estatisticamente significativa com as variáveis de disponibilidade de exames como mamografia, raio x, ultrassonografia e PIB per capita; e correlação negativa e ainda significativa com a Cobertura da Estratégia da Saúde da Família. **CONCLUSÕES:** Explorar a interface dos gastos em média complexidade com outras variáveis em diferentes estados, pode permitir a elaboração de hipóteses relativas à otimização dos recursos que podem ser testadas em futuros estudos longitudinais.

PHP37**ANÁLISIS DEL MODELO DE TOMA DE DECISIONES SOBRE COBERTURA DE MEDICAMENTOS EN CHILE**García JL¹, Silva NS²¹Universidad de Chile, Santiago de Chile, Chile, ²University of Chile, Santiago, Chile

OBJECTIVOS: Describir y analizar el proceso de toma de decisiones sobre cobertura financiera de medicamentos en el sistema público de salud en Chile. **METODOLOGÍAS:** Tomando como base el marco conceptual de Hutton se identificaron los ámbitos a analizar. Se utilizaron fuentes de evidencia primaria y secundaria. Se realizó un levantamiento de información sobre Programas del sector público que incluyen cobertura de medicamentos. Se realizó una revisión documental de reglamentos y orientaciones de programas, identificando a 25 informantes claves que fueron entrevistados para recoger antecedentes adicionales. Finalmente se elaboró una categorización de los tipos de proceso encontrados. **RESULTADOS:** Se observan varias instancias de decisión de cobertura en distintas áreas y niveles dentro de la autoridad sanitaria, identificándose distintos modelos de toma de decisiones. Sólo algunos Programas han incorporado formalmente el uso de evidencia en su proceso de toma de decisiones. En la mayoría de ellos la decisión de cobertura carece de un proceso claro y existen amplios espacios de discrecionalidad. La implementación de las decisiones se lleva a cabo en su mayoría a través de presupuestos silo. **CONCLUSIONES:** El proceso de toma de decisión de cobertura de medicamentos en Chile corresponde a un modelo descentralizado. El sistema de salud podría beneficiarse de avanzar en la definición más transparente de sus procesos y la incorporación de herramientas de ETESA.

PHP38**CONSIDERATIONS FOR THE ADOPTION OF THE WHO-CHOICE COST-EFFECTIVENESS THRESHOLD IN LATIN AMERICA**Griffiths M¹, Kusel J¹, Stewart G¹, Latchford J²¹Costello Medical Consulting Ltd, Cambridge, UK, ²Costello Medical Consulting Ltd., Cambridge, UK

OBJECTIVES: Health Technology Assessment (HTA) is sporadically established in Latin America, and there are few examples of formal cost-effectiveness thresholds in place. Some countries refer to the World Health Organisation (WHO)-CHOICE threshold of 3x GDP per capita for guidance. This analysis explores the appropriateness and stability of this threshold in the rapidly developing region of Latin America. **METHODS:** Current GDP per capita data, measured in international dollars, were taken from the International Monetary Fund database for the years 2000–2014. Time to the threshold doubling was compared at the country level, and an overall comparison between Latin America, Asia, the G7 group and the global average was performed. The calculated 2013 values of 3x GDP in Latin American countries were compared with the WHO-CHOICE estimate for the regional subgroups, adjusted for regional inflation. **RESULTS:** Mexico has the most stable threshold in Latin America, calculated to take over 26 years to double. By comparison, time to doubling is less than half this for Panama, Peru and Suriname. The median time to doubling in the region is approximately 16 years, which is faster than Asia, the G7 group and the global average. Mexico, Uruguay, Panama, Argentina and Chile have a calculated 3x threshold over 2 times greater than the adjusted WHO-CHOICE Amro B subgroup threshold. The number of Latin American countries with 3x thresholds considerably below, in-line with and above the adjusted WHO-recommended value for their income subgroup is 2, 4 and 13 respectively. **CONCLUSIONS:** Due to the rapid economic expansion in Latin America over the last decade, many countries have outgrown the generic WHO-CHOICE threshold relevant to their region subgroup. Individual countries should therefore critically assess the relevance of adopting these thresholds as published, and how this might change over time.

HEALTH CARE USE & POLICY STUDIES – Health Care Research & Education**PHP39****CLIMATE MEASUREMENT OF PATIENT SAFETY IN THE HEALTH SERVICE-PORTUGUESE VERSION OF THE SAFETY ATTITUDES QUESTIONNAIRE SHORT FORM 2006**Saraiva D¹, Almeida A²¹Centro Hospitalar Cova da Beira, E.P.E., Covilha, Portugal, ²Universidade da Beira Interior, Covilha, Portugal

OBJECTIVES: Patient safety is both a parameter embedded within the quality of care and a priority of health systems. The Safety Attitudes Questionnaire (SAQ) - Short Form 2006 is the most widely and rigorously validated instrument used to measure the patient's safety environment among health care providers. The goal of this study was to translate, culturally adapt and validate this instrument within the Portuguese context, thus creating the SAQ version - Short Form 2006 PT. **METHODS:** For the translation and cultural adaptation process, a methodological study was carried out based on the recommendations of Beaton et al. (2000), with the following steps: translation, synthesis, back translation, assessment by a committee of experts, pre-test and submission of reports to the instrument's authors. For the validation, a cross-sectional study was performed with a sample of 623 health professionals. The fidelity of the adapted version was assessed through its internal consistency and reproducibility, and the construct validity through confirmatory factor analysis. **RESULTS:** The SAQ - Short Form 2006 was successfully translated and adapted to the Portuguese context. The validity of its content was ensured by a committee of experts. Its fidelity was confirmed by a Cronbach's alpha of 0,92 and a Pearson's correlation coefficient in the test-retest of 0,99. Regarding its different dimensions, there were positive and significant correlations between all dimensions except for the stress recognition dimension. The confirmatory factor analysis showed adjustment quality indexes that demonstrate rather good adequacy to the six-factor model ($\chi^2/df=1,864$; GFI=0,908; CFI=0,951 and RMSEA=0,047). **CONCLUSIONS:** The SAQ - Short Form 2006 PT version demonstrated good psychometric properties, through the highly satisfactory and auspicious fidelity and validity of the results, thus allowing its implementation as a valid measurement tool of the patient's safety environment in the health field within the Portuguese cultural context.